

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>EW</i>	<i>64934</i>	<i>10 26 98</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	1	✓
2	2	2	✓
3	3	3	✓
4	4	4	✓
5	5	5	✓
6	6	6	✓
7	7	7	✓
8	8	8	✓
9	9	9	✓
10	10	10	✓
11	11	11	✓
12	12	12	✓
13	13	13	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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